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Appropriate District Office
DISTRICT I
P.O. Box-1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico y, Minerals and Natural Resources Departme

Form C-104
Revised 1-1-89
See Instructions
at Rettorn of Pas

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Bennes Rd., Aziec, NM 87410 V.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l.		או טו	ANSF	UNI UI	LANDINA	TOTAL G	TWAII	API No.			
Operator Texaco Exploration and Production Inc.								30 025 11291			
Aldres P. O. Box 730 Hobbs, Nev	w Mexico	8824	0-252	:8							
Reason(s) for Filing (Check proper box)						es (Please expl	•				
New Well Change in Transporter of: EFFECTIVE 10-01-91											
Recompletion	Oil	느	Dry G								
Change in Operator	Casinghee	d Gas X	Conde	amie		 	 				
and a provide opening and	co Produ		<u>ع</u>	PLO Bo	x 730	Hobbs, Ne	w Mexico	882402	2628L		
II. DESCRIPTION OF WELL AND LEASE [Lease Name Well No. Pool Name, In					ding Formation			Kind of Lease		ease No.	
1000000			227 JALMAT TANS			S SEVEN R	Ctate	State, Federal or Fee		LC032592B	
Location	. 660		<u> </u>	rom The N		e and 660		eet From The	WEST	Line	
										Line	
Section 30 Township	V <u></u>	45	Range			MPM,		LEA	<u> </u>	County	
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS		List same	I name of this f	la ta ha a		
Name of Authorized Transporter of Oil or Condensate Shell Pipeline Corporation						Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648 Houston, Texas 77252					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration and Production Inc.					Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline Co.						
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp. Rgs. 1 24S 36E		is gas actually connected? YES		When	• •	KNOWN	IOWN	
If this production is commingled with that i							<u></u>		14101111		
IV. COMPLETION DATA	, _,		,								
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.	······································	Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas		Tubing Depth				
Perforations					<u> </u>	····		Depth Casing Shoe			
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	<u> </u>				 			 			
					ļ			 			
V. TEST DATA AND REQUES	T FOD A	HOW	ARIE		<u> </u>			1			
OIL WELL (Test must be after re				oil and must	he equal to or	exceed top alle	owable for thi	s depth or be f	or full 24 hou	FS.)	
Date First New Oil Run To Tank	Date of Tes		9			ethod (Flow, pa					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			<u> </u>	Gas- MCF			
•					<u></u>		· · · · · ·	<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	uel Frod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
M ODED ATOD CEDTREC	ATTE OF	CO2 m	TAN	ICE	1			1			
VI. OPERATOR CERTIFICA				ICE		DIL CON	ISERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION					
is true and complete to the best of my k					Doto	Annrous	<u>م</u>	11	11 -		
	<u> </u>				Date	Approve	-				
CW Johnson	-										
Signature					∥ RA	By DRIGINAL SIGNED BY JEEPY S. DOOM					
L.W. JOHNSON Engr. Asst. Printed Name Title					DISTRIGT I SUPERVISOR						
04-14-92		(505)	393-7		Title						
Date		Tele	phone N	6.]]						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.